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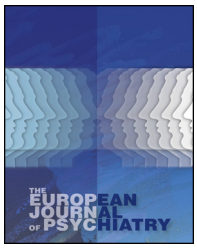

ORIGINAL ARTICLE

Negative symptoms across psychotic spectrum disorders

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Abstract
Background and objectives: We aimed to study the psychopathological profile in different disorders across the psychotic continuum and to demonstrate that negative symptoms are not so rare in delusional disorder, as it was traditionally considered.
Methods: This was an observational study utilizing a sample of 112 patients with a psychotic disorder (delusional disorder, schizophrenia or schizoaffective disorder). The Positive and Negative Syndrome Scale (PANSS) was used to ascertain psychopathological symptoms. One-way ANOVA analyses and post hoc comparisons using the Bonferroni correction were carried out to compare illness duration and PANSS indices. Additionally, *t*-tests were performed to explore the difference between positive and negative symptomatology in the delusional disorder group.
Results: Clinical groups were statistically similar in General PANSS scores, but they differed significantly, in Positive, Negative and Composite PANSS scores. Negative symptoms existed in all three psychotic categories, although they were less prominent in delusional disorder. Positive symptoms were also present in all three categories but were significantly more apparent among schizoaffective disorder patients.
Conclusions: Our results support the notion of a psychopathological gradient across the psychosis continuum from patients with delusional disorder, at one extreme of the scope, to those with schizoaffective disorder, at the other. More importantly, we have found out that in delusional disorder, negative symptoms do exist and are of similar intensity as positive symptoms.

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We proposed that the assessment of negative symptoms should be routine as part of clinical mental status examination of delusional disorder patients.

Introduction

Even though categorical diagnoses are useful in psychiatry, some psychotic disorders overlap in genetics, risk factors, clinical presentation, management needs and outcomes.[1,2] In this context, a great number of psychiatrists assume that, rather than a group of categories, psychosis is a continuum with different manifestations.[3] Hence, different mental disorders conform the so-called schizophrenia or psychosis spectrum, which mainly includes schizophrenia (SCZ), schizoaffective disorder (SCAD) and delusional disorder (DD).

The psychotic continuum also includes some psychotic dimensions. From this perspective, the negative dimension is one of the most replicated factors, and it would be present with varying intensities in schizophrenia, bipolar disorder or schizoaffective disorder.[4–6] However, there are psychotic disorders, such as DD, where negative symptoms are often overlooked or unrecognized. DD is a mental disorder that has traditionally been considered as a rare psychotic disorder, although current epidemiological studies have indeed demonstrated that its life-time prevalence approaches 0.2%.[7] Despite the heterogeneity of symptoms in DD, the predominant psychopathology is based on the delusional ideas, and both classical and current psychopathological descriptions have not incorporated negative symptoms in DD diagnostic criteria.[8]

The scientific literature has repeatedly shown that patients with DD have a complex symptomatic profile.[9,10] However, research on the negative symptoms in DD has been grossly neglected. Thus, most classical authors generally conclude that DD is a monosymptomatic illness.[11,12] In contrast, previous studies from our group found evidence that DD patients did indeed exhibit a modest but significant presence of negative symptoms.[13] When psychotic symptoms were measured using the Positive and Negative Syndrome Scale (PANSS), scores in the negative scale showed that they were present in DD. Furthermore, negative symptoms such as decreased speech fluidity, limited abstract thinking, and emotional coldness expressed high commonalities in the particular factor analysis of PANSS for DD.[7] We postulate that should the negative dimension be a valid primary psychotic-symptom dimension, it should express even minimally in a psychotic disorder such as DD where a variety of cognitive,[14] affective and schizoid symptoms (apart from just delusions) have been reported to occur. Nevertheless, DD compared to SCZ and SCAD showed significantly less negative and positive symptoms.

Other than Muñoz-Negro et al.,[9] few studies have examined negative symptoms across the psychotic spectrum. However, some studies compared in pairs patients with SCZ, SCAD and DD. Their results showed that, compared to patients with SCAD, patients affected by SCZ show a higher level of negative symptoms, but less positive symptomatology.[15] And when they compared first episode of DD and SZC, the same level of psychopathology (negative and positive) was exhibited by both groups of patients.[16]

So far, in spite of all schizophrenic dimensions being present in all three major psychotic disorders, very few studies have explored the negative dimension into different groups of psychotic patients, or specifically in DD patients. For this reason, we studied negative symptoms in a sample of psychotic patients including patients with DD, SCZ and SCAD. Based on previous findings, we expected a multidimensional psychopathological gradient across different categories, with patients with DD exhibiting similar positive symptoms but lesser negative symptoms, compared to those found in patients with SCZ and SCAD. And second, we wanted to demonstrate that negative symptoms are not so rare in DD when compared with positive symptoms.

Methods

Participants

One hundred and twelve adults ($n = 112$) attended in different hospitals and community mental health settings from Andalusia (Spain) participated in the study. The sample included 67 patients diagnosed with SCZ, 22 with DD and 23 with SCAD, according to DSM-IV-TR criteria.[8] In all cases, participants were outpatients either in a remitting or maintenance stage. And they were also on treatment, including antipsychotic medication. Both, clinical state and compliance, were evaluated by every psychiatrist participating in the study on the basis of a clinical impression. Inclusion criteria were the following: 1. To meet DSM-IV-TR diagnostic criteria for SCZ, DD and SCAD; 2. Being older than 18 years; 3. Patient agreement to participate. Exclusion criteria were the following: 1. Mental retardation; 2. Any type of dementia. All participants received an information sheet containing sufficient information and returned a signed informed consent. The study was performed in accordance with ethical standards of the 1964 Helsinki Declaration and was approved by the local ethical committees of every participating hospital. In order to assure a good inter-rater reliability, all interviewers participating in this study were trained to use the PANSS by two of the authors (JEMN and IIC), and more than half of the final sample was collected by a single interviewer (JEMN).

Measures

The Spanish version of PANSS[17] was used to assess psychopathology. PANSS[13] is an instrument designed to evaluate positive, negative and general psychopathological symptoms

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